

MDR Tracking Number: M5-04-2986-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 5-11-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with 413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The office visits dated 7-16-03, 7-17-03, and 8-14-03; four units of therapeutic procedures on 7-16-03, 7-17-03, and 8-14-03 and twelve sessions of the work hardening program from 7-22-04 through 8-8-03 **were found** to be medically necessary. The remaining office visits, conductive paste/gel and FCE from 7-16-03 through 9-4-03 and the work hardening program from 8-12-03 through 9-4-03 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision and Order is hereby issued this 24th day of August 2004.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 7-16-03 through 9-4-03 in this dispute. (The office visits dated 7-16-03, 7-17-03, and 8-14-03; four units of therapeutic procedures on 7-16-03, 7-17-03, and 8-14-03 and twelve sessions of the work hardening program from 7-22-04 through 8-8-03 **were found** to be medically necessary. The remaining office visits, conductive paste/gel and FCE from 7-16-03 through 9-4-03 and the work hardening program from 8-12-03 through 9-4-03 **were not found** to be medically necessary.)

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 24th day of August 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

August 11, 2004

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M5-04-2986-01
TWCC #:
Injured Employee:
Requestor:
Respondent:
----- Case #:

----- has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ----- IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ----- for independent review in accordance with this Rule.

----- has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ----- external review panel who is familiar with the condition and treatment options at issue in this appeal. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ----- chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ----- for independent review. In addition, the ----- chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 48 year-old male who sustained a work related injury on ----- . The patient reported that while at work he was pulling some wire when he cut his hand causing a severe laceration. On 8/20/01 the patient underwent repair of the extensor tendon of the left middle and ring finger. The diagnoses for this patient's condition has included open wound of hand except fingers alone, complicated, open wound of hand except fingers, with tendon involvement, disturbance of skin sensation, muscle spasms, pain disorder associated with work related injury, and anxiety disorder, NOS related to injury medical condition. Treatment for this patient's condition has included surgery, physical therapy, medical treatment, a home exercise program, massage therapy, postoperative therapy and a work hardening/conditioning program.

Requested Services

Office visits, therapeutic exercises, conductive paste/gel, work hardening program, and FCE from 7/16/03 through 9/4/03.

Documents and/or information used by the reviewer to reach a decision:

Documents Submitted by Requestor:

1. Operative Note 8/20/01
2. Office notes 6/25/03 – 7/15/03
3. Initial Diagnostic Screening 7/22/03
4. WH notes 6/22/03 – 9/4/03

Documents Submitted by Respondent:

1. Same as above

Decision

The Carrier's determination that these services were not medically necessary for the treatment of this patient's condition is partially overturned.

Rationale/Basis for Decision

The ----- chiropractor reviewer noted that this case concerns a 48 year-old male who sustained a work related injury on ---. The ----- chiropractor reviewer also noted that the patient underwent hand surgery on 8/20/01 followed by postoperative therapy. The ----- chiropractor reviewer explained that postoperative therapy three times a week for 4 weeks or 12 visits of postoperative care is standard of care for this type of injury. The ----- chiropractor reviewer noted that the patient underwent an 8 hour program 5 days a week for 6 weeks. The ----- chiropractor reviewer explained that such an extensive amount of treatment has not been documented to be necessary for an uncomplicated case such as this patient's. The ----- chiropractor reviewer noted that the treatment program this patient underwent included treatment for his whole body. The ----- chiropractor reviewer explained that the compensable injury was the left middle and ring finger. The ----- chiropractor reviewer also explained that the patient showed no subjective improvement based on his pain scale ratings throughout treatment. The ----- chiropractor reviewer further explained that if the patient did not demonstrate improvement with care, treatment should be discontinued. Therefore, the ----- chiropractor consultant concluded that the office visits (99213) on 7/16/03, 7/17/03 and 8/14/03, and 4 units of therapeutic procedures (97110) on 7/16/03, 7/17/03 and 8/14/03 were medically necessary to treat this patient's condition. The ----- chiropractor consultant also concluded that 12 sessions of work hardening program (97545) from 7/22/04 through 8/8/03 were medically necessary to treat this patient's condition. However, the ----- chiropractor consultant further concluded that the office visits on 8/28/03 and 9/4/03, conductive paste/gel (A4558) and FCE from 7/16/03 through 9/4/03, and work hardening program from 8/12/03 through 9/4/03 were not medically necessary to treat this patient's condition.

Sincerely,